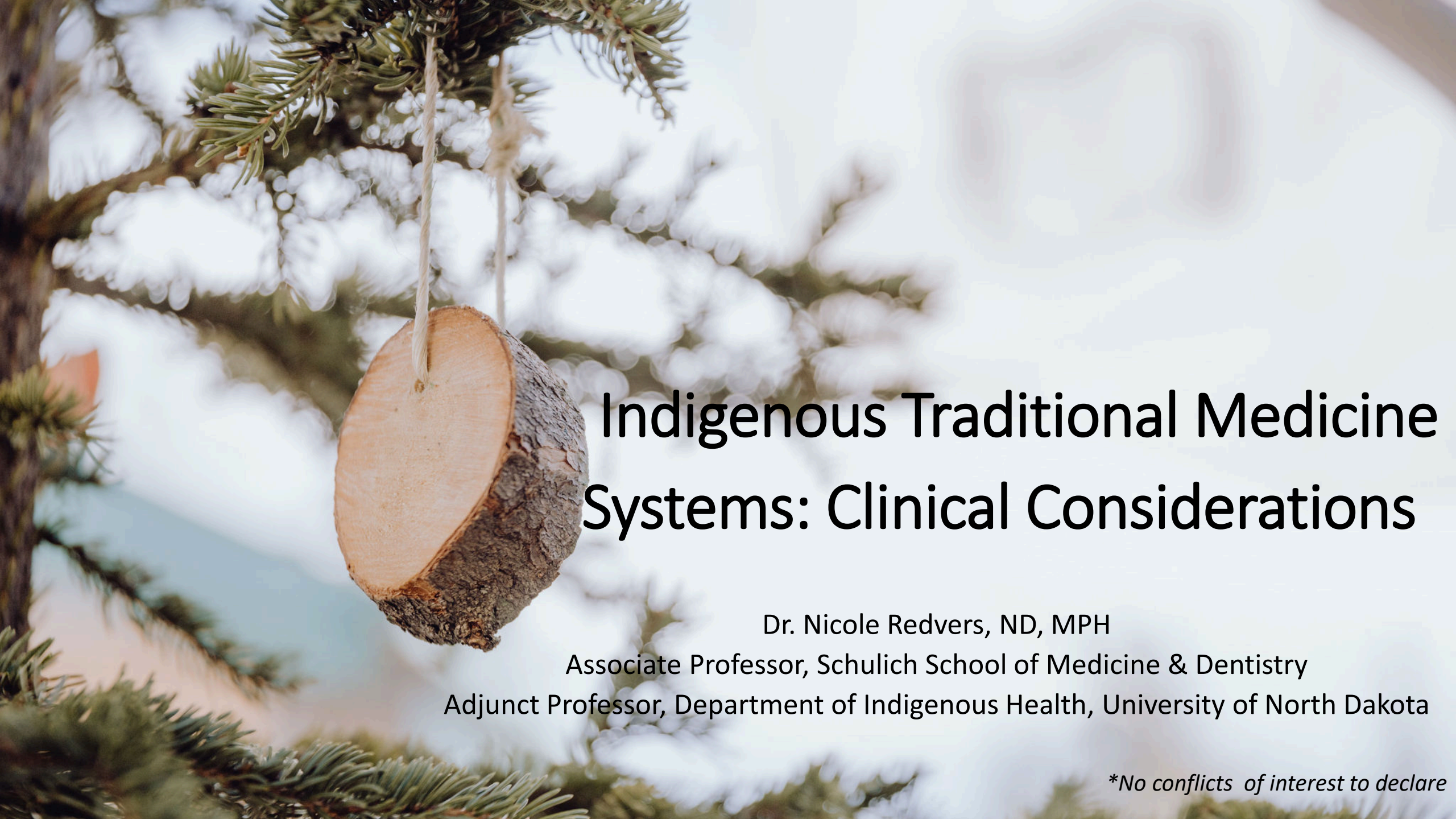


# Indigenous Traditional Medicine Systems: Clinical Considerations

Dr. Nicole Redvers, ND, MPH
Associate Professor, Schulich School of Medicine & Dentistry
Adjunct Professor, Department of Indigenous Health, University of North Dakota

**No conflicts of interest to declare*

# Traditional Indigenous Medicine History

- Illness (1918 flu epidemic) & /Boarding schools

*“We have something to offer the world. Biggest challenge is to not believe what we were taught about ourselves.”*

# TM Etiology of Illness

- Root of an illness may have its source in one or a combination of the spiritual, physical, emotion, or mental quadrants of life (circle)
- Blockage preventing growth because learning is not occurring
- Illness is a spirit that is communicated with, so the cause is treated not symptoms (supporting instead of countering)
- The Creator is the expert and in charge (elements of spirituality)

# Medicines & Entry Points

- Smudging (inhalation)
- Drinking (ingestion)
- Cutting (sub-cutaneous)
- Blowing
- Suction
- Chewing
- Powdered agents
- Other agents or tools

*The listed can be used in any combination

# Medicinal Agents

- Mindfulness of seasonal timeframes for gathering and storage
- Barks, roots, leaves, herbs, flowers, stems, berries and animal products (feathers, etc)
- Always done with respect/ceremony/offerings
- Food eaten as medicine - animals ate the medicine plants, the people at the animals.
- Respect, sharing, kindness and caring

# Ceremonies

- Sweats
- Fasting
- Prayer
- Smudging
- Singing
- Drumming

**Importance of following Traditional Protocols*

# Indigenous Diversity

Within the broad scope of Traditional Indigenous Medicine, each Tribe has its own belief systems, ceremonies, practices, and traditional medicines they may use.

# Categorical Findings

N=249

- General Traditional Medicine
- Integration of Traditional and Western Medicine Systems
- Ceremonial Practice for Healing
- Usage of Traditional Medicine
- Traditional Healer Perspectives



*(Redvers & Blondin, 2020)*

# General Traditional Medicine

- A mixed methods study by Mainguy et al. (2013), found that the level of spiritual transformation achieved through interaction with traditional healers was associated with a subsequent improvement in medical illness in 134 of 155 people ($P < .0001$), and that this association exhibited a dose-response relationship.
- A 13-week intervention with “Indigenous Healing and Seeking Safety” in 17 participants demonstrated improvement in trauma symptoms, as measured by the TSC-40, with a mean decrease of 23.9 (SD=6.4, p=0.001) points, representing a 55% improvement from baseline (Marsh et al., 2016).



*(Redvers & Blondin, 2020)*

# Usage of Traditional Medicine

- There was a total of 14 articles published on this topic including well over five thousand participants who completed surveys or interviews.
- 79% of the studies were published prior to 2009 (n=11). The average year of publication was 2002 ranging from the oldest study published in 1988 and the last study in 2017.
- Rates of usage of both traditional medicine and traditional healers varied per region.



*(Redvers & Blondin, 2020)*

| Table 1. Included studies in the category 'Usage of traditional medicine' | | | | |
|---|---|---|---|---|
| **Author** | Year | Location | N | Key Findings |
| **Greensky et al.** | 2014 | Fond du Lac Band Reservation | 21 | 66% of participants described using traditional practices for healing and pain relief; 90% of individuals interviewed endorsed inclusion of traditional health practices into their medical care. |
| **Gurley et al.** | 2001 | Vietnam veterans in the reservation communities of the Southwest and Northern Plains | 621 | 17.1% of the Southwest reservation respondents and 4.7% of the Northern Plains reservation respondents saw a traditional healer for a physical health problem. 18.5% of the Southwest reservation respondents and 5.0% of the Northern Plains reservation respondents saw a traditional healer for a mental health problem. |
| **Van Sickle et al.** | 2003 | Navajo families with asthmatic members | 35 | 46% of families had previously used traditional healing; however, only 29% sought traditional healing for asthma. |
| **Garro** | 1988 | Ojibwe community, Manitoba | 35 | Four informants stated they did not use traditional medicine while the majority reported successful treatments with most reporting at least three episodes of traditional medicine treatment. |
| **Waldram** | 1990 | Saskatoon, Saskatchewan | 226 | 19% had a past consultation with a traditional healer. 27% had used herbal medicines or sweetgrass with the majority being within the last three months. 100% of those that had a past consultation with a traditional healer had an Indigenous language as their first language. |
| **Novins et al.** | 2004 | Enrolled members of a Northern Plains or a Southwest tribe | 2595 | Traditional healing provided a greater proportion of care for psychiatric (63.8% in the Southwest, 36.1% in the Northern Plains) than for physical health problems (44.6% and 13.9%). Compared with their counterparts in the Northern Plains, service users from the Southwest were more likely to use traditional healing only (22.0% vs. 3.5%) for physical health problems. |
| **Marbella et al.** | 1998 | Urban Indian Health Service clinic in Milwaukee, Wisc. | 150 | 38% of the patients see a healer, and of those who do not, 86% would consider seeing one in the future. Sweat lodge ceremonies, spiritual healing, and herbal remedies were the most common treatments. More than a third of the patients seeing healers received different advice from their physicians and healers. The patients rate their healer's advice higher than their physician's advice 61.4% of the time. Only 14.8% of the patients seeing healers tell their physician about their use. |
| **Kim et al.** | 1998 | Navajo Reservation-Indian Health Service Hospital | 300 | 62% of Navajo patients had used Native healers and 39% used Native healers on a regular basis. |
| **Cook** | 2005 | Mi'kmaq First Nation community health clinic | 100 | 66% of respondents had used Mi'kmaq medicine, and 92.4% of these respondents had not discussed this with their physician. Of those who had used Mi'kmaq medicine, 24.3% use it as first-line treatment when they are ill, and 31.8% believe that Mi'kmaq medicine is better overall than Western. Even among patients who have not used Mi'kmaq medicine, 5.9% believe that it is more effective than Western medicine in treating illness. |
| **George et al.** | 2017 | Two First Nations communities in Ontario | 613 | About 15% of participants used both traditional medicines and healers, 15% used traditional medicines only, 3% used a traditional healer only, and 63% did not use either. Of those who did not use traditional healing practices, 51% reported that they would like to use them. Common reasons for not using traditional practices were not knowing enough about them, and not knowing how to access or where to access them. |
| **Moghaddam et al.** | 2013 | Urban Indian health and community center (AIHFS), Detroit | 389 | Analyses indicated that experiences of discrimination in healthcare settings were significantly associated with participation in traditional healing. Nearly half of the Detroit sample (48 %, n = 185) had used traditional services. |
| **Garro** | 1991 | Anishinaabe reserve community, Manitoba | 468 | 17% of cases involved visits to medicine men to request a diagnosis. Visits to an Anishinaabe healer occurred in 21% of the cases. 7% of visits to medicine men took place without consulting physicians, either prior to or after the visit to the medicine man. Of the 61 households visited, 62% reported visits to medicine men during the case collection period. In all but a few cases, treatment by medicine men was viewed positively by the reporting households for the specific illness condition in question. |
| **Wyrostok et al.** | 2000 | Canadian First Nation Students | 99 | Over 80% of respondents affirmed their interest in learning more about Native healing. Participants strongly supported traditional healing practices as something that should not be forgotten. 80.8% of participants reported at least some previous experiences with specific traditional healing practices. |



*(Redvers & Blondin, 2020)*

# Traditional Healer Perspectives

- There were 18 studies that elicited perspective from Elders and Traditional Healers ranging in dates of publication between 1993 and 2019 (average year of publication was 2011).
- 50% of articles were published in either nursing or mental health related journals.
- 67% were US based publications.
- It is not culturally acceptable for me to alter the words of traditional healers.



*(Redvers & Blondin, 2020)*

# Traditional Healer Perspectives

*"The doctors and nurses at a local hospital asked me to speak to them on natural medicines. So I did. You could tell the doctors have a hard time trying to understand traditional healing and the use of plants to heal…it is hard for them to understand. Some of them got up and left when I started to talk about how you have to develop a relationship with the plant world…They sometimes have a hard time if things are not done their way…I respect the medicine, I just wish Western medical persons would understand."*

(In Struthers, 2000)

# Integration/Bridging?

- TM and CM working in *partnership* of respect not in integration (polar philosophies of treatment)
- Science vs Spirit (different world views)
- Fear of knowledge being lost yet hesitation to share (exploitation, importance of protocol & respect)
- Compensation - money is not valued/contamination of experience
- ‘Gift Giving’ - has great value

Evidenced Based vs Evidenced Informed

(CM) (TM)

# Integration of Traditional and Western Medicine Systems

- 61 articles identified in this category.
- Publication dates ranged from the year 1974 to the year 2019 (average year of publication was 2006.
- 61% (n=37) were based in the United States.
- Range of topics identified.



*(Redvers & Blondin, 2020)*

# Integration of Traditional and Western Medicine Systems

- In 2011, the University of New Mexico Public Health department and their General Preventive Medicine Residency Program in the United States started to integrate traditional healing into the resident training curriculum with full implementation completed by 2015 (Kesler et al., 2015).
- The need for advocacy and awareness building on traditional ways of healing were emphasized throughout this category of articles.

*"Lakota doctoring [traditional healing] remains highly relevant for wellness interventions and healthcare services even though it is not amenable in principle to [Western] scientific evaluation" (Gone, 2016).*



(Redvers & Blondin, 2020)

# Implications/Recommendations

- Self-determined options for traditional Indigenous healing are still lacking in Western health systems yet access is a Treaty right for Indigenous Peoples.

- There is a need for more open spaces for dialogue and consequent action surrounding the use of Indigenous traditional healing often desired in racially diverse medical settings.

- Prioritizing engagement with Indigenous scholars and/or their scholarship, community members and local knowledge holders is encouraged.



*(Redvers & Blondin, 2020)*

# Barriers

- Lack of trustworthiness with the medical system - boarding school, past and current abuses, protocols, philosophy of healing difference (*cultural safety*).
- Generally people want to work together with respect (*medical pluralism*).

# Cultural Safety

- This concept has varying interpretations within and between countries.
- Cultural safety foregrounds power differentials within society, the requirement for health professionals to reflect on interpersonal power differences (their own and that of the patient), and how the transfer of power within multiple contexts can facilitate appropriate care for Indigenous people and arguably for all.
- Cultural safety was originally described as providing:

*"a focus for the delivery of quality care through changes in thinking about power relationships and patients' rights" (Papps & Ramsden, 1996).*

# Cultural Safety

- A key difference between the concepts of cultural competency and cultural safety is the notion of ‘power’.
- In contrast to cultural competency, the focus of cultural safety moves to the culture of the clinician or the clinical environment rather than the culture of the ‘exotic other’ patient *(Cross et al., 1989).*

*“where the movement from cultural competence to cultural safety is not merely another step on a linear continuum, but rather a more dramatic change of approach. This conceptualization of cultural safety represents a more radical, politicized understanding of cultural consideration, effectively rejecting the more limited culturally competent approach for one based not on knowledge but rather on power”* *(Brascoupe et al., 2009).*

# Medical Pluralism

- Medical Pluralism refers to the coexistence of differing medical traditions and practices grounded in divergent epistemological positions and based on distinctive worldviews *(Cant, 2020).*
- Is the employment or use of more than one medical system.
- Is commonly embodied by Indigenous Peoples (esp. Elders)

# Responding to Medical Pluralism in Practice: A Principled Ethical Approach

- "Recognition of medical pluralism" can help clinicians' ethical deliberations related to CAM.

- Importance of acknowledging the health beliefs and practices of patients and accommodating diverse healing practices.

"Construed as such, recognition of medical pluralism encourages pragmatic willingness to examine the personal and cultural meaning associated with CAM use, the biases and assumptions of biomedicine, as well as the risk-benefit ratio of CAM practices. In this way, recognition of medical pluralism can help clinicians enhance patient care in a manner consistent with basic ethical principles."

*(Tilburt & Miller, 2007)*

# Responding to Medical Pluralism in Practice: A Principled Ethical Approach

- Shared medical decision making offers a helpful framework for applying the ethical obligations of primary care clinicians articulated in the previous slide's principles of biomedical ethics.

*(Tilburt & Miller, 2007)*

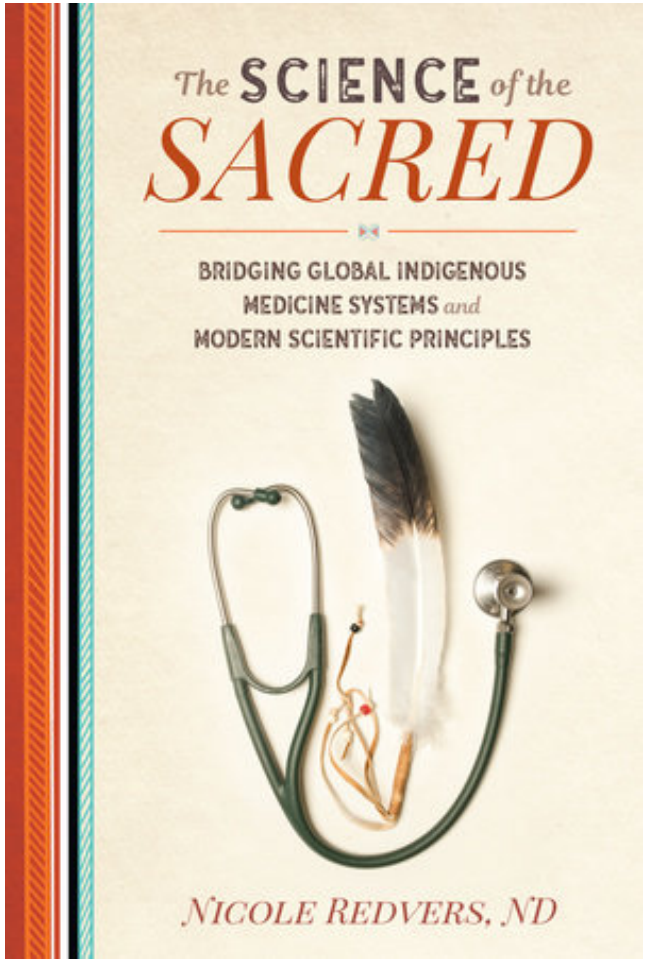
# Shared Decision Making (SDM)

- Is an approach where clinicians and patients share the best available evidence when faced with tasks of making decisions, and where patients are supported to consider options to achieve informed preferences *(Elwyn et al., 2012).*
- Process in which both the patient and physician contribute to the medical decision-making process (eg, tests, treatments, and care plans) *(Charles et al., 1997)*.
- Shared decision making (SDM) emphasizes equalizing power between patients and HCPs to create more equitable health care *(Charles et al., 1997).*

# Ultimately…

- Fostering Indigenous world view includes culturally appropriate services to mitigate the negative impact of the macro-context (i.e., mistrust), cultural discrimination, and systemic and historical abuse.
- When HCPs accept and include Indigenous world views into the decision-making process, trust is facilitated, and patient anxiety is reduced.
- Indigenous patient engagement in SDM may rely on HCP and health-care system ability to integrate multiple world views (i.e., medical pluralism).

*(Groot et al., 2019)*


The SCIENCE of the
SACRED
BRIDGING GLOBAL INDIGENOUS
MEDICINE SYSTEMS and
MODERN SCIENTIFIC PRINCIPLES
NICOLE REDVERS, ND

# Arctic Indigenous Wellness Foundation

- In May 2018, a formalized *urban* Land-based healing camp opened in Yellowknife, Northwest Territories (NWT), Canada, one of the first in Canada or the United States.

(Urban Land-based Healing: A Northern Intervention Strategy)



*(Redvers et al, 2020)*

# Arctic Indigenous Wellness Foundation

- Prior to the building and implementation of the urban Land-based healing camp, the Elders in the region gathered in a formal planning session to determine the programmatic goals of the project. The involvement of Elders ensured that the traditional protocols of the region were followed in the design, implementation and oversight of the project.
- The overarching goal of the camp was to combine Indigenous cultural education with traditional Indigenous therapeutic interventions in a wilderness urban setting to favorably impact the health and wellness of marginalized Indigenous populations in Yellowknife.



*(Redvers et al, 2020)*

# Arctic Indigenous Wellness Foundation

- The urban healing camp is located within the city limits, accessible to the public, and built from the ground up with traditional structures such as canvas bush tents, a teepee, and an Inuit traditional tent.

- These traditional structures were purposefully built not only to ensure cultural representation of all Indigenous Peoples within the City of Yellowknife, but to also ensure the land atmosphere permeated the experience for visitors with sights, smells, sounds, and textures.



*(Redvers et al, 2020)*

# Elders Speak

*``We`re all trying to have healthy communities. We need to work together, TM and WM. We need to talk, to respect, and to honor one another``*

*``We like the idea of, `Where the Two Rivers Meet.` TM and WM can run parallel.``*

# Mahsi cho

Twitter & Facebook: @DrNicoleRedvers

# References (in order of presentation):


- Redvers N, Blondin B (2020) Traditional Indigenous medicine in North America: A scoping review. PLoS ONE 15(8): e0237531. https://doi.org/10.1371/journal.pone.0237531
- Struthers R. The lived experience of Ojibwa and Cree women healers. J Holist Nurs. 2000 Sep;18(3):261-79. doi: 10.1177/089801010001800307.
- Papps E, Ramsden I. Cultural Safety in Nursing: the New Zealand Experience, International Journal for Quality in Health Care, Volume 8, Issue 5, 1996, Pages 491–497, https://doi.org/10.1093/intqhc/8.5.491
- Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a culturally competent system of care (Vol. 1). Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Brascoupé S, Waters C. Cultural Safety Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness. International Journal of Indigenous Health. 5(2), 2009. https://jps.library.utoronto.ca/index.php/ijih/article/view/28981
- Cant, S. (2020). Medical Pluralism, Mainstream Marginality or Subaltern Therapeutics? Globalisation and the Integration of 'Asian' Medicines and Biomedicine in the UK. Society and Culture in South Asia, 6(1), 31–51. https://doi.org/10.1177/2393861719883064
- Responding to Medical Pluralism in Practice: A Principled Ethical Approach
- Tilburt JC, Miller FG. Responding to Medical Pluralism in Practice: A Principled Ethical Approach. The Journal of the American Board of Family Medicine Sep 2007, 20 (5) 489-494; DOI: 10.3122/jabfm.2007.05.060205
- Elwyn G, Frosch D, Thomson R, Joseph-Williams N, Lloyd A, Kinnersley P, Cording E, Tomson D, Dodd C, Rollnick S, Edwards A, Barry M. Shared decision making: a model for clinical practice. J Gen Intern Med. 2012 Oct;27(10):1361-7. doi: 10.1007/s11606-012-2077-6.
- Charles C, Gafni A, Whelan T. Shared decision-making in the medical encounter: what does it mean? (or it takes at least two to tango). Soc Sci Med. 1997 Mar;44(5):681-92. doi: 10.1016/s0277-9536(96)00221-3.
- Groot G, Waldron T, Barreno L, Cochran D, Carr T. Trust and world view in shared decision making with indigenous patients: A realist synthesis. J Eval Clin Pract. 2020 Apr;26(2):503-514. doi: 10.1111/jep.13307.
- Redvers N, Nadeau M, Prince D. (2020). Urban Land-based Healing: A Northern Intervention Strategy. International Journal of Indigenous Health. 16(2). https://doi.org/10.32799/ijih.v16i2.33177